

**2003 MONTANA INSURANCE CONTINUING EDUCATION
LICENSEE WRITTEN CERTIFICATION**

NAME OF INDIVIDUAL (As on license, first, middle, last name) _____

MONTANA LICENSE NUMBER(S) (Individual/Agency) _____

SOCIAL SECURITY NUMBER _____ **STATE OF RESIDENCY** _____

BUSINESS ADDRESS (Street Address) _____

(City, State, Zip Code) _____

BUSINESS MAILING ADDRESS (P. O. Box Number, City, Zip Code) _____

PHONE (_____) _____ **BUSINESS NAME** _____

____ **NON-RESIDENT FILING:** I am a licensee of a state reciprocal with Montana for continuing education. Enclosed is continuing education and an original license certification less than 90 days old from my state of residence and the \$50 non-resident renewal fee. (Complete the form section above and sign below.)

MONTANA APPROVED COURSES COMPLETED TO MEET MY 2003 REQUIREMENT

SPONSORING ORGANIZATION (COURSE PROVIDER)	MONTANA COURSE NUMBER	COURSE TITLE	CREDIT HOURS	DATE (m/d/y) COMPLETED

I certify that the above information is correct and true, that I have had no administrative or criminal actions taken against me by any legal entity or authority regarding licensure or fiduciary responsibility. If any action has been taken since my most recent Montana continuing education filing. A copy of the action is attached. I understand that falsification is grounds for license revocation, 33-17-1001, MCA.

Original Signature

Print Name

Date

CHECK FEES ENCLOSED
(Make checks to Montana State Auditor)

____ \$50 Biennial Non-resident
Renewal fee

CHANGE OF ADDRESS

Montana Insurance statutes require licensees to file any change of address with the department **within 30 days**. Send a letter to the Insurance Licensing Division with any business address correction or print an address change form from the website. Address changes made on this form will not be processed.

VOLUNTARY TERMINATION

Licensees who do not wish to complete continuing education requirements may voluntarily surrender their Montana insurance license. Send your license and a letter requesting license termination to the Montana Insurance Division.

NON-RESIDENT RENEWAL

Non-resident licensees must file this written certification form, an original letter of license certification (not more than 90 days old), and the **\$50** biennial non-resident renewal fee by the filing deadline date.

LICENSE LAPSE

Lapsed licenses can be reinstated within 12 months of the license lapse date. The licensee will submit the required continuing education compliance, a reinstatement application form and the \$100 reinstatement fee to reinstate licensure.

EXTENSIONS

Prior to December 31, 2003, licensees may request in writing an extension to complete required credits. The request must include the reasons for the request and documentation supporting the request.

BIENNIAL RENEWAL

Beginning January 1, 2004, every insurance producer and consultant license will include a renewal date. Licensees must complete 24 credit hours of continuing education and file certification of continuing education by that date or the insurance licensure will lapse.

SUBMISSION REQUIREMENTS

Requirements

For 2003, all resident insurance producers and consultants licensed in Montana must meet the continuing education requirements by December 31.

Persons licensed to sell only property, casualty, surety or title insurance **or** persons licensed to sell only life, health or disability insurance must complete at least 10 approved credit hours a year.

Persons licensed to sell both property, casualty, surety or title **and** life and disability insurance must complete 15 approved credit hours a year.

Persons licensed to sell **only** credit life and credit disability (limited lines credit) insurance must complete 22 approved credit hours of courses in the following categories: credit life and credit disability insurance, ethics and insurance law.

Once during every two-year period, each licensee must complete a minimum of 1 approved credit hour of changes in Montana insurance statutes and administrative rules as part of the continuing education filing.

Fee

There is no resident continuing education filing fee.

Filing Deadline Dates

Filing deadline dates for insurance continuing education courses completed for 2003 compliance are:

<u>Last Name</u>	<u>Date</u>
A - C	January 15, 2004
D - H	February 15, 2004
I - L	March 15, 2004
M - O	April 15, 2004
P - S	May 15, 2004
T - Z	June 15, 2004

This form must be received by the Montana Insurance Division postmarked by the filing deadline date.

Form CE-1, 11/2003

2003 Montana Insurance Continuing Education & Non-Resident Renewal Written Certification

Send completed forms to the:

Montana State Auditor's Office
Continuing Education Program
840 Helena Avenue
Helena, Montana 59601

Call or e-mail with questions:
(406) 444-2040 (in-state) 800-332-6148
Visit our web site at: sao.state.mt.us